



ABN E-NEWS

Follow us on Facebook and Twitter (@AlBoardNsg)

February 2015

Volume 2, Number 1

Alabama Board of Nursing
 770 Washington Avenue
 Suite 250
 Montgomery, Alabama 36104
 (334) 293-5200
 (800) 656-5318
 Fax: (334) 293-5201
www.abn.alabama.gov

Mailing Address:
 P.O. Box 303900
 Montgomery, Alabama 36130-3900

EDITORIAL BOARD:

N. Genell Lee, MSN, RN, JD
 Executive Officer

Peggy Benson, RN, MSHA, MSN, NE-BC
 Deputy Director

Honor L. Ingels
 Chief Legislative and Information Officer

BOARD MEMBERS:

Francine Parker, EdD, MSN, RN
 President

E. Laura Wright, PhD, MNA, CRNA
 Vice-President

Gladys Hill, MSN, RN
 Secretary

Cheryl Bailey, RN, MBA

Natalie Baker, DNP, CRNP

Marie Melissa Bullard, LPN

Peggie Carpenter, LPN

Catherine E. Dearman, PhD, RN

Jill B. Hightower, RN, MSN

Chrystalbell King, LPN

Helen T. McAlpine, PhD

Amy Price, MSN, RN

VACANT—AFLPN

ABN Celebrates 100 Years of Regulatory Excellence

Honor L. Ingels

2015 marks a unique milestone in the history of nursing in Alabama, as the Board of Nursing celebrates its 100th anniversary.

As all are aware, surveys of the American public consistently rate nursing among the most respected and revered professions in our nation. ABN's centennial observance offers us a fantastic opportunity to promote the contributions that nurses make to their communities and the general public welfare on a daily basis.

Toward that end, we invite you to join us as we embark on a full year commemorating the history of Alabama nursing in general and the Board of Nursing, in particular. Throughout 2015, we will be offering numerous fun, exciting, and educational opportunities to look back on the storied history of Alabama's nursing community, as well as forward to a bright future for the Board and our licensees.

Please stay tuned for features and updates. In addition to our usual email lists, following us on [Facebook](https://www.facebook.com/ALBoardOfNsg) (<https://www.facebook.com/ALBoardOfNsg>) and/or [Twitter](https://twitter.com/AlBoardNsg) (@AlBoardNsg) is a great way to stay informed about developments relating to the ABN Centennial, as well as nursing practice and regulation.



Collaborative Practice Update

New Fast Track Application Criteria

Charlene B. Cotton, RN, MSN
Nurse Consultant,
Advanced Practice

Starting with the January 2015 Board agenda, ABN expanded the options for Fast Track approval. Fast Track criteria apply to requests for new collaborative practice and to modify existing collaborative practice. Applications will be presented directly to ABN and the Alabama Board of Medical Examiners (ABME) each month. Applications meeting the Fast Track criteria will not have to wait for review by the Joint Committee for Advanced Practice Nursing, which meets every other month.

The expanded options allow Fast Track processing for most collaboration applications with proposed practice plans such as:

- One practice location and no covering physician (solo private practice)
- Two or more practice sites with one or more covering physicians

Applications with **one or more of the following circumstances do not qualify** for Fast Track review. Each application will be reviewed at the scheduled bi-monthly meeting of the Joint Committee.

- Collaborating physician has not submitted Commencement Notice and fee **to ABME**
- Clinical specialty of physician is not consistent with clinical specialty of CRNP/CNM

(Continued on Page 3)

Health And Safety Concerns for Caregivers Administering Chemo Drugs

Special Guest Contributor: Susan Alverson, Pharm.D.

Editor's Note: Due to increasing concerns for nursing safety, ABN requested the following special contribution from Dr. Susan Alverson, Executive Officer of the Alabama Board of Pharmacy.

Introduction

"Lifesaving drugs may be killing health workers," was a headline in "The Seattle Times" July 16, 2010. The article referred to the potential impact of drugs used to treat cancer, or anti-neoplastics or chemotherapy. Health professionals are, of course, focused on the care of the patients entrusted to them and, as professionals, spend little working time thinking of their own concerns. That ethical and professional standard has likely contributed to the slow adoption of protective practices when working with hazardous drugs. Though many categories of drugs are classified as hazardous, such as hormones, antivirals and some anti-bacterials, this discussion will be about anti-neoplastics. A hazardous drug is defined as an agent that presents a danger to healthcare personnel due to its inherent toxicity...these drugs have one or more of the following characteristics: the drug is 1) carcinogenic, 2) genotoxic, 3) teratogenic, or 4) shows evidence of toxicity at low doses in animal models or treated patients. (Brown) During the 1970s, evidence came to light indicating health care workers might be at risk of harmful effects from antineoplastic drugs as a result of occupational exposure. Since that time, reports from several countries have documented drug contamination of the workplace, have documented such drugs in the urine of health care workers who work with these drugs, and measured genotoxic responses in workers. (Connor) As more evidence of toxic effects of these drugs became available, guidelines and standards of practice have been published to guide workers who handle such drugs. Since nurses are often the people who compound or administer these products, it is essential that they receive all necessary training, disclosure of potential risks and methods to safely compound hazardous products while protecting themselves.

History

One of the characteristics of many chemotherapeutic agents, particularly the alkalating agents, is that the drug has a tendency to aerosolize. This means the drug moves from a liquid form to a gaseous form preferentially. Further most such drugs are odorless, tasteless and invisible in the air. As a result, any droplets, spills or exposed liquid will enter the air and fill the surrounding environment. This means workers may be exposed to chemotherapy through inhalation, skin contact, oral ingestion from eating or chewing gum, or from accidental needle sticks. Though compounders often believe they can manipulate the drug without any exposure, experiences with liquid containing dye have repeatedly shown that the drug does escape and contaminates both the environment and the compounder.

(Continued on Page 3)

**New Fast Track
Application Criteria**
(Continued from Page 3)

- Clinical specialty of physician or CRNP/CNM is not consistent with request for Specialty Formulary or Additional Skills
- CRNP/CNM at remote site: collaborating physician but no covering physician
- CRNP/CNM at remote site with Request for Specialty Formulary or Additional Skills
- Request for any Specialty Protocol
- Submitted after 3:00 p.m. on deadline date.
- Incomplete as submitted or requiring clarification that cannot be resolved by deadline.

As always, the list is not all inclusive and either Board may require Joint Committee review of proposed collaborative practice for any reason.

**100 Years of
Regulatory Excellence**

1915—The Alabama Legislature created the Board of Nurses' Examiners to regulate nursing practice in the state.

1965—The Board of Nurses' Examiners was abolished and its duties and functions were transferred to the newly-created Alabama Board of Nursing.

1977—Graduate scholarships funded by monies allocated to the Board of Nursing by the Alabama Special Education Trust Fund

**Health And Safety Concerns for
Caregivers Administering Chemo Drugs**
(Continued from Page 2)

Exposure to antineoplastics can result in a variety of adverse effects. These can range from skin rashes, vomiting and nausea, headache, mucosal sores, loss of concentration and hair loss, to reproductive complications and even cancer. A survey of 1,500 nurses showed that "nurses reporting high exposure to antineoplastic drugs, reported an over 40 percent increase in cancer incidence relative to nurses with low or no exposure." (Environmental Working Group) The most likely forms of cancer are leukemia, lymphoma and bladder cancer. A recent epidemiological evaluation of nurses found a statistically significant, nearly 2-fold increase in risk for spontaneous abortion among those exposed to antineoplastic agents for more than 1 hour per day during the first trimester. (Lawson) In an article by Susan Martin, data uncovered showed that exposure to antineoplastic agents increased the risk of infertility, preterm deliveries, spontaneous abortions, fetal abnormalities, and small-for-gestational-age births. (Martin) In a matched case-control study of nurses and pharmacists, a small but significant relationship was found between women who handled antineoplastic agents and infertility. A similar odds ratio was found for men, but was not statistically significant because of the small number of men in the study (Valanis, Volmer, Labuhn & Glass, 1997). These genetic effects should be of concern to both female and male health workers. Studies in this area point to length of exposure rather than dose as a primary risk factor. Given the long term, low dose healthcare worker exposure pattern, this should be of great concern. Several peer-reviewed published studies have shown increased rates of single strand DNA breaks and sister chromatid exchanges in healthcare workers exposed to chemotherapy drugs as opposed to non-exposed workers.

Numerous guidelines have been published to advise employers and workers of the potential dangers of antineoplastic agents and methods to protect workers. The American Society of Health System Pharmacists (ASHP) published a Technical Assistance Bulletin in 1990, and reissued its document in 2006. OSHA (Occupational Safety and Health Administration) published guidelines in 1995 and put them online in 1999. The National Institute for Occupational Safety and Health (NIOSH), as a division of the CDC (Centers for Disease Control and Prevention) published in 2004 its alert, Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings. The Oncology Nursing Society (ONS) also released standards to support nurses in oncology practice. In 2008 the United States Pharmacopeial Convention released USP 797, which addressed both sterile compounding and hazardous drug compounding. A new chapter, USP 800, which covers oral oncological drugs is soon to be released and will address handling of oral antineoplastic agents. Dividing, crushing and handling powder from oral medications also places workers in danger. Some states, including Washington, California and North Carolina have passed their own sets of standards to regulate hazardous drugs.

(continued on Page 4)

ABN Welcomes Four New Members

Effective January 1, 2015, Governor Robert Bentley appointed four new members to serve on the Alabama Board of Nursing. Please join us in welcoming the following Individuals:

Natalie Baker, DNP, CRNP, GNP-BC, ANP-BC

Dr. Baker is Specialty Track Coordinator for the Adult-Gerontology Primary Nurse Practitioner Program at the University of Alabama—Birmingham. She serves in an Advanced Practice position on the Board.

Peggie Carpenter, BA, LPN

Ms. Carpenter works in staff development at Taylor Hardin Secure Medical Facility in Tuscaloosa. She serves in an LPN position on the Board.

Jill B. Hightower, RN, MSN, ACLS, BLS

Ms. Hightower is a Registered Nurse at Princeton Baptist Medical Center and an Assistant Professor at Samford University in Birmingham. She serves in a Nursing Practice position on the Board.

Helen T. McAlpine, Ed.D.

Dr. McAlpine is President of J.F. Drake State Community and Technical College in Huntsville. She serves in the Consumer position on the Board.

Dr. McAlpine's current term expires December 31, 2017. Dr. Baker, Ms. Carpenter, and Ms. Hightower each occupy a term expiring December 31, 2018.

Health And Safety Concerns for Caregivers Administering Chemo Drugs (Continued from Page 3)

A few of the drugs commonly associated with these problems include methotrexate, 5-fluorouracil, tamoxifen, cyclophosphamide, cisplatin, carboplatin and doxorubicin. In both compounding and preparing for administration of this type of drug, all work must be done in either a biological safety cabinet (vertical hood) or a CACI (containment glove box). That hood or device must be vented to the outside of the building and the device must be located in an enclosed negative pressure room. The negative pressure room must be accessed through a controlled-particle ante room. Every effort should be made to protect all workers, patients and families from the air in the compounding hood and the air from the compounding room. Any place where the drug can be released into the air can be a source of contamination. That includes expelling syringe contents into the air, placing used syringes, or infusion equipment into trash or sharps containers which remain open to room air or opening chemo containers outside the compounding room and hood.

Anyone preparing cancer therapy medications must wear a gown which has cuffs and closes in the back, chemo gloves—preferably two pair of gloves, a mask, plus hair and shoe covers. The administration sets used for infusions should be primed with normal saline in the hood during preparation. Otherwise, the drug is released into the air of the infusion room when air is expelled from the tubing. All employees who handle chemotherapy must, by law, be trained and informed about the drugs; plus all such employees must sign an informed consent stating that they have been trained in the properties of the drugs, that they are informed about the risks of the drugs, and that they have received training and equipment to protect themselves.

Nurses and pharmacists need to educate themselves on the risks they encounter in handling hazardous drugs. Practices which utilize these products have a legal obligation to inform and protect their employees. Educational institutions owe it to their students to equip them for practice in these areas and professional organizations should be a part of reminding members to be cautious.

Brown, S.B. Safe Handling of Chemotherapeutic Agents, U.S. Pharmacist web site at <http://legacy.uspharmacist.com/oldformat.asp?url=newlook/files/Feat/ChemoAgents.htm> Accessed 10/20/2014

Connor TH, McDiarmid MA, Preventing Occupational Exposures to Antineoplastic Drugs in Health Care Settings. CA: A Cancer Journal for Clinicians. 2006; 56: 354-365. Doi: 10.3322/canjclin.56.6.354

Martin S. The adverse health effects of occupational exposure to hazardous drugs. Community Oncology, September/October 2005, p397-400, vol2/num 5

Lawson CC Rocheleau, CM Whelan EA, Lividoti Hibert EN, Grajewski B, Spiegelman D, Rich-Edwards JW. Occupational exposures among nurses and risk of spontaneous abortions. Am J Obstet Gynecol. 2012; 206:327.e}-8. In Workplace Solutions, Medical Surveillance for Healthcare Workers Exposed to Hazardous Drugs. NIOSH November 2012

Valanis B, Vollmer W, Labuhn K, Glass A. Occupational exposure to antineoplastic agents and self-reported infertility among nurses and pharmacists. J Occup Environ Med. 1997 Jun;39(6)

Tran M, Jorgenson J, Ensuring Employee Safety with Hazardous Drugs. Website at: http://www.pppmag.com/article_print.php?articleid=482. Accessed 9/30/2014